

Multiaxial Diagnosis in Community Substance Abuse Treatment Programs

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Goals

- ❑ **Provide brief overview of the DSM classification system**
- ❑ **Define terms and rules**
- ❑ **Explain qualifications and role of the diagnostician in DMH-certified substance abuse treatment programs**

Mental Disorder

- ❑ **A mental disorder is a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment in one or more areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom.**

Mental Disorder

- ❑ **The syndrome or pattern must not be merely an expectable and culturally sanctioned response to a particular event, for example, the loss of a loved one.**
- ❑ **It must be considered a manifestation of a behavioral, psychological, or biological dysfunction in the individual.**
- ❑ **Neither deviant behavior nor conflicts that are between the individual and society are mental disorders unless the deviance or conflict is a symptom of a dysfunction in the individual.**

Diagnosis

- ❑ **Diagnosis is the act of determining the nature or cause of a disease or injury through examination of a patient.**

 *From Greek for "discernment"*

- ❑ **In the mental health field, diagnosis is accomplished through the use of a classification system for mental disorders published by the American Psychiatric Association.**

Diagnostic and Statistical Manual of Mental Disorders

Date	Version	Number of Diagnoses	Change
1952	DSM-I	106	--
1968	DSM-II	182	+ 72%
1980	DSM-III	265	+ 46%
1987	DSM-III-R	292	+ 10%
1994	DSM-IV	365	+ 25%
2000	DSM-IV-TR	365	--
2010	<i>DSM-V</i>	665 (?)	+ 82%

Diagnostic and Statistical Manual of Mental Disorders

**“Evidently, it takes a
long time to figure
out all the ways
America is nuts.”**

Multiaxial Diagnosis

- ❑ **A multiaxial system involves an assessment on several axes, each of which refers to a different domain of information that may help plan treatment and predict outcome.**

Multiaxial Classification

Axis I	Clinical Disorders Other Conditions That May Be a Focus of Clinical Attention
Axis II	Personality Disorders Mental Retardation
Axis III	General Medical Conditions
Axis IV	Psychosocial and Environmental Problems
Axis V	Global Assessment of Functioning (GAF)

What Diagnosis is Not

- ❑ The classification of mental disorders using the DSM-IV-TR does not classify people. What are being classified are *disorders that people have*.
 - ☞ Therefore, avoid expressions like, “an alcoholic,” or, “a schizophrenic.” Instead, use “an individual with Alcohol Dependence,” or “an individual with Schizophrenia.”

The Diagnostic Process

“The process of diagnosis begins with the patient interview. Clinicians will order or conduct a careful general medical examination of each patient to assess his or her general health. They will request medical records from other clinicians who have treated their patients. They will carefully question their patients about the history and symptoms of their disorder, the length of time they’ve had symptoms, and their severity. If it seems warranted, the clinician will also specify a period of observation. It is only after this careful assessment process that a clinician will turn to the DSM.”

» *Adapted from the APA Fact Sheet on DSM-IV*

Differential Diagnosis

- 1. Rule out substance-related etiology**
- 2. Rule out etiology related to a general medical condition**
- 3. Determine the specific primary disorder that is present**
 - Criteria sets for many disorders provide exclusion criteria that list other disorders with similar symptoms
 - There is a differential diagnosis section for each disorder
 - Appendix A gives decision trees for differential diagnosis
- 4. Differentiate Adjustment Disorder from Not Otherwise Specified**
- 5. Establish the boundary with no mental disorder**
- 6. Rule out Factitious Disorder or Malingering**

Principal, Primary, Provisional

- ***Principal diagnosis:*** Condition that is chiefly responsible for occasioning the admission of the individual for treatment.
- ***Primary diagnosis:*** Condition not due to another co-existing illness.
 - A person may be said to have a primary diagnosis if symptoms meet full criteria for diagnosis in the absence of any other co-existing illness or disability, mental or physical. A person may have several primary diagnoses.
- ***Provisional diagnosis:*** Strong presumption that full diagnostic criteria will ultimately be met for a disorder, but not enough information to make a firm diagnosis.
 - Another use of *provisional* is for those situations in which differential diagnosis depends exclusively on the duration of illness.

A Brief History of DSM Diagnosis in Substance Abuse Treatment Programs

- **Except in hospitals and until CSTAR came along, formal DSM diagnosis was rare.**
- **CSTAR, opened in the early 1990s, is the only intensive substance abuse treatment approved for Medicaid reimbursement in Missouri.**
- **In order to meet longstanding requirements for Federal reimbursement, formal diagnosis for eligibility determination was required.**

CSTAR Qualified Diagnosticians

- **1991:** Physicians and psychologists
- **Circa 1998:** Physicians, psychologists, licensed clinical social workers
- **2001:** Physicians, psychologists, licensed clinical social workers, licensed professional counselors
- **Future:** All of the above, plus advanced Practice Nurses

Qualifications of Diagnosticians

The Diagnostic and Statistical Manual itself makes no reference to professional discipline or license but is clear in its requirements for users:

- **“The diagnostic categories, criteria, and textual descriptions are meant to be employed by individuals with appropriate clinical training and experience in diagnosis. It is important that DSM-IV not be applied mechanically by untrained individuals.” (DSM-IV-TR, American Psychiatric Association, 2000, p. xxxii)**
- **“The proper use of these criteria requires specialized clinical training that provides both a body of knowledge and clinical skills.” (DSM-IV-TR, American Psychiatric Association, 2000, p. xxxvii)**

DMH Interpretive Guideline

9 CSR 7.110(2)(A), states that “the organization shall ensure that staff possess the training experience and credentials to effectively perform their assigned services and duties.”

During certification surveys, the Department will examine personnel files of persons conducting diagnostic interviews to look for documented evidence not only of licensure and any required experience but also of specialized clinical training in the use of the DSM and its multiaxial classification system.

In most cases, this training will have occurred on a post-graduate basis during internship, residency, or under supervised professional employment.

ADA Administrative Rules (Certification Standards)

From 9 CSR 30-3.100, Service Delivery Process and Documentation:

(7) Diagnosis. Eligibility for services shall include a diagnosis of substance abuse or dependency including all five (5) axes as defined in the current edition of the [DSM].

(A) A face-to-face diagnostic interview shall be conducted as part of the assessment by a licensed physician, licensed psychologist, licensed clinical social worker, or licensed professional counselor.

(B) A diagnostician must also have at least one (1) year of experience in treating persons with substance disorders.

ADA Administrative Rules (Certification Standards)

From 9 CSR 30-3.100, Service Delivery Process and Documentation:

(12) A qualified diagnostician as defined under Section (7) of this rule shall approve the treatment plan.

What We Need

- 1. Primary diagnosis of a substance use disorder for eligibility determination.**
- 2. Comprehensive multiaxial diagnosis for problem identification and treatment planning.**
- 3. Review of treatment plans to assure that diagnosed problems are addressed.**

What We DON'T Need

Presenting situation: Client is a 24-year-old female referred from jail for substance abuse treatment by her probation officer. She is under supervision for her third drunk driving offense in six years. (Her blood alcohol level at time of last arrest was .25). She had one prior treatment episode at age 22. She has a history of sexual abuse from her step-father and an uncle. She has been treated in the past for “low thyroid.” She reportedly has had nothing to drink in the past few months due to incarceration. She is unemployed.

What We DON'T Need

Duh-agnosis:

Axis I	303.90 Alcohol Dependence
Axis II	Deferred
Axis III	Deferred
Axis IV	Legal problems
Axis V	GAF = 55 (current)

What We DO Need

Diagnosis:

Axis I	303.90 Alcohol Dependence, In a Controlled Environment 309.81 Posttraumatic Stress Disorder
Axis II	V71.09 No diagnosis, avoidant personality features Strong denial of problems caused by alcohol
Axis III	244.9 Hypothyroidism, by history
Axis IV	On probation Unemployed
Axis V	GAF = 45 (highest level past year)

What We DO Need

If you are going to diagnose, do it right.

- **“My Missouri license says, Physician and Surgeon, but don’t come to me if you need something cut open” – Joseph Parks, MD, Psychiatrist, DMH Medical Director**